

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 4218 Registrar's No. 0001282 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED 25 65
 PLACE OF DEATH
 a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor

Length of stay in 1b 4 1/2 yrs.

c. CITY OR TOWN Windsor

Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital

Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 206 E. Jackson

Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
George F. Cooper

4. DATE OF DEATH Month Day Year
January 18, 1965

5. SEX Male

6. COLOR OR RACE White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 7/28/1871

9. AGE (last birthday) 93

IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Johnson Co., Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME David A. Cooper

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Etta May Truel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs. Eva Mae Allison, Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardio-Vascular Collapse

INTERVAL BETWEEN ONSET AND DEATH 3 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Gastro-Intestinal Hemorrhage

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the principal disease condition given in PART I (a)

General Arteriosclerosis & Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-22-60 to 1-18-65 and last saw him alive on 1-18-65
 Death occurred at 10:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clifford Gouge

22b. ADDRESS Windsor, Mo

22c. DATE SIGNED 1-21-65

23a. BURIAL CREMATION, REMOVAL (Specify) Burial

23b. DATE 1/20/1965

23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery

23d. LOCATION (City, town, or county) Windsor, Mo.

(State)

24. FUNERAL DIRECTOR ADDRESS Clifford Gouge, Windsor, Mo.

25. DATE RECD. BY LOCAL REG. JAN. 22, 65

26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59
 1 0421
 2 0421
 3
 4 0
 5 2
 6
 7 0
 8 2
 9 578x
 10
 11
 12 2-0
 13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clifford L. Gage

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.